

L17000249347

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

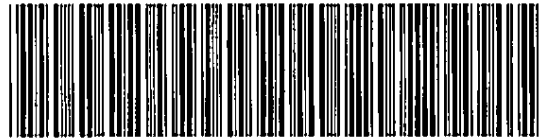
(Business Entity Name)

(Document Number)

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JULIA A. ROSS (T. 0910)

D. PRICE
OCT 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JWT Investment Capital, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia T. Johnson
Name of Person
JWT Investment Capital, LLC
Firm/Company
636 Applewood Ave
Address
Altamonte Springs FL 32714
City/State and Zip Code
aliciaismyrealtor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia T. Johnson at (407) 516 4542
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2018

ALICIA T. JOHNSON
630 APPLEWOOD AVE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: JWJ INVESTMENT CAPITAL, LLC
Ref. Number: L17000249347

We have received your document for JWJ INVESTMENT CAPITAL, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please return a copy of this letter along with your document to ensure proper handling.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 818A00020327

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/6/17 and assigned
Florida document number L17000249347

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Authorized Persons - Name change

New Registered Office Address:

due to marriage

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Alien T. Johnson
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alicia M. Taylor	630 Applewood Ave	<input type="checkbox"/> Add
		Altamonte Springs, FL	<input checked="" type="checkbox"/> Remove
		32714	<input type="checkbox"/> Change
MGR	Alicia T. Johnson	630 Applewood Ave	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL	<input type="checkbox"/> Remove
		32714	<input type="checkbox"/> Change
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ALLAN ROBERT

[illegible]

Date: 9/10/22/18

Da Defendi

1/22/18
Alice T. Boh

Signature of agent must be in the space provided below the signature line.

Alicia T. Johnson

TYPESET BY THE GOVERNMENT OF INDIA